

BUILDING PERMIT APPLICATION

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Effective April, 1, 2017

SUBMITTAL DATE:					
SITE ADDRESS:	ADDRESS:			PARCEL #:	
SUBDIVISION:				LOT:	
PROJECT DESCRIPTION:					
VALUATION:					
	DENITIAL	1		MEDCIAL	
☐ NEW CONSTRUCTION ☐ REMODEL ☐ SOLAR ☐ OTHER	DENTIAL □ ADDITION □ BASEMENT FINISH □ REPAIR	□ NEW CONST □ TENANT FIN □ SOLAR □ OTHER	FRUCTION	MERCIAL ☐ ADDITION ☐ SIGN ☐ REPAIR	
APPLICANT NAME:		PHONE:			
PRIMARTY CONTACT:		EMAIL:			
OWNER:		PHONE:			
	MAILING ADDRESS	CITY		ST ZIP CODE	
· · · · · · · · · · · · · · · · · · ·			_		
EMAIL:		PHONE:			
ENGINEER:			_		
EMAIL:		PHONE:			
GENERAL CONTRACTOR:			LICENSE:		
EMAIL:			PHONE:		
ELECTRICAL CONTRACTO	DR:		_ LICENSE:		
EMAIL:			PHONE:		
MECHANICAL CONTRACTOR:			LICENSE:		
EMAIL:			PHONE:		
PLUMBING CONTRACTO	R:		_ LICENSE:		
EMAIL:			PHONE:		
	F THE INFORMATION PROVIDED ON DOES NOT CONSITUTE THE				
	APPLICANT SIGNATURE		_	DATE	